## EXHIBIT 1, CLAIM NO. 475

4816-1904-1310.1

510 (Official Form 10) (04/15) (Woulfied)	Deadines to The Claims	
UNITED STATES BANKRUPTCY COURT EASTER	RN DISTRICT of MICHIGAN	CHAPTER 9 PROOF OF CLAIM
Name of Debtor: City of Detroit, Michigan	Case Number: 13-53846	
NOTE: Do not use this form to make a claim for an administrative expens	e that arises after the bankruptcy filing.	FILED
Name of Creditor (the person or other entity to whom the debtor owes money	or property):	
Bankston, Tommy		2011 IAMOURE USE ONLY
Name and address where notices should be sent: NameID: 11528896	DECEMEN	Check this box if this claim amends a
Bankston, Tommy	MEGENEU	previously filed claim.
9946 Longacre	JAN 0 9 2014 E	Court Claim Number 13-5884
Detroit, MI 48227	<u> </u>	O (If known) PAN - DETRUTT
Telephone number: 63 le -872 bemail:	IZMANCARSONCONSULTANTS	Filed on:
Name and address where payment should be sent (if different from above):  Tommy Bhwkstow  4946 Longue 48227		Check this box if you are aware that anyone else has filed a proof of claim relating to this claim. Attach copy of statement giving particulars.
Telephone number: 836-812 Chail:		
1. Amount of Claim as of Date Case Filed: \$ Powsiow 100% NO CUT		
If all or part of the claim is secured, complete item 4.  If all or part of the claim is entitled to priority, complete item 5.  Check this box if the claim includes interest or other charges in addition to the principal amount of the claim. Attach a statement that itemizes interest or charges.		
2. Basis for Claim: Pews (600) 100 76 WO CUT  (See instruction #2)		
3. Last four digits of any number by which creditor identifies debtor:	3a. Debtor may have scheduled account (See instruction #3a)	nt as: TOMMY BAWKS GW
4. Secured Claim (See instruction #4)  Check the appropriate box if the claim is secured by a lien on property or a right of setoff, attach required redacted documents, and provide the requested information.  Amount of arrearage and other charges, as of the time case was filed, included in secured claim, if any:  \$\text{substitute}\$		
Nature of property or right of setoff: Real Estate Motor Vehicle Wother  Describe:  Basis for perfection: L.W.S.W.W. Vol. 70		
Value of Property: \$ \[ \leftit{\left} \left\left\left\left\left\left\left\left	Amount of Secured Claim:	, No COI
Annual Interest Rate (when case was filed) %		
5. Amount of Claim Entitled to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2). \$ Preceded to Priority as an Administrative Expense under 11 U.S.C. §§ 503(b)(9) and 507(a)(2).		
5b. Amount of Claim Otherwise Entitled to Priority. Specify Applicable Section of 11 U.S.C. § \$ Pewsion Wolf Cul		
6. Credits. The amount of all payments on this claim has been credited for the purpose of making this proof of claim. (See instruction #6)		
7. <b>Documents:</b> Attached are <b>redacted</b> copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, security agreements, or, in the case of a claim based on an open-end or revolving consumer credit agreement, a statement providing the information required by FRBP 3001(c)(3)(A). If the claim is secured, box 4 has been completed, and <b>redacted</b> copies of documents providing evidence of perfection of a security interest are attached. (See instruction #7, and the definition of "redacted".) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.  If the documents are not available, please explain:		
8. Signature: (See instruction # 8) OWWM Bamble Check the appropriate box.	- 1/3/14	
I am the creditor. I am the creditor's authorized agent. I am the trustee, or the debtor, or their authorized agent. (See Bankruptcy Rule 3005.)		
I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.		
Print Name: Tommy Brust Stille		
Company: Dervo II Watter & Builty 4 & Daniel Builty		
Address and jelephone number (if different from notice address above): (Signature) (Date)		
DETVOIT MICH 48221		
\$36-8721c		
Telephone number: email:		